

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579113

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	↑		10	↑	↑	
TOTAL CLAIMS		↓	12	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	↑		↑	↑	↑	
TOTAL CLAMS		↓	↓	↓	↓	↓

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